

**MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS
PROTOCOL**

SUBJECT: Occupational Therapy (O.T.)	Protocol #: PA P228.03 Protocol Pages: 1 Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Initial Effective Date: June 1999 Latest Review Date: May 2002
APPLIES TO: MHP <input checked="" type="checkbox"/> MLTCP <input checked="" type="checkbox"/> MSSP <input checked="" type="checkbox"/> HEALTHSELECT <input checked="" type="checkbox"/>	
MIHS HEALTH PLANS APPROVALS: Director, Medical Management: _____ Date: _____ Medical Director: _____ Date: _____	

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Occupational Therapy (O.T.). Centers for Medicare and Medicaid Services (CMS) guidelines are used as a basis for determination. Outpatient OT is not covered for Maricopa Health Plan (MHP) members over the age of 21, except following hand surgery or as authorized by the Medical Director.

- PROTOCOL:** The prior-authorization specialist with prior authorization nurse review may approve for occupational therapy when:
- A. OT services must relate directly and specifically to a written treatment regimen established by the physician.
 - B. OT must be designed to improve function to be considered reasonable and necessary. An expectation must exist that the therapy will result in significant practical improvement in the individual's level of functioning within a reasonable amount of time.
 - C. If a valid expectation of improvement exists at the time, the service would be covered even though the expectation may not be realized. The service would be covered only up to the time at which it would be reasonable to conclude that the patient is not going to improve.
 - D. Once a patient has reached the point where no further significant improvement can be expected, the skills of an occupational therapist are not required in carrying out an exercise program required to maintain function at the level to which it has been restored. Periodic, infrequent sessions by an occupational therapist would be covered to design and evaluate the maintenance program.
 - E. OT is not covered when the patient suffers a temporary loss or reduction of function (e.g., temporary weakness from prolonged bedrest following abdominal surgery) which could reasonably be expected to improve spontaneously as the patient gradually resumes normal activities.
 - F. OT is not covered when related solely to specific employment or work skills.
 - G. This criteria is a guideline for prior authorization and does not represent a standard of practice or care.

- H. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.
- I. If requirements are not met, Medical Director review is required.

MIHS Health Plans reserves the right to change the protocol for administrative or medical reasons without notification to external entities. This protocol is not intended to be utilized as a basis for a claim submission.